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IF REQUIRED, FOF ** 11/26/2003	REIGN FILING LICENSE	GRANTE	ED		_				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged yes no Met after Allowance Fxaminer's Signature Initials			STATE OR COUNTRY MN	SHEETS TOTAL CLAIR 15 39			MS		EPENDENT CLAIMS 2
ADDRESS 27581								:	
TITLE									
Deflectable medical	therapy delivery device h	aving cor	mmon lumen p	orofile				:	ŕ
RECEIVED No	S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				